

Exhibit 2

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DELIVERY (POSTAL USE ONLY) <table border="1"> <tr> <td>Delivery Attempt</td> <td>Time</td> <td>Employee Signature</td> </tr> <tr> <td>Mo. Day</td> <td><input checked="" type="checkbox"/> AM <input type="checkbox"/> PM</td> <td>2003</td> </tr> <tr> <td>Delivery Attempt</td> <td>Time</td> <td>Employee Signature</td> </tr> <tr> <td>Mo. Day</td> <td><input type="checkbox"/> AM <input checked="" type="checkbox"/> PM</td> <td></td> </tr> <tr> <td>Delivery Date</td> <td>Time</td> <td>Employee Signature</td> </tr> <tr> <td>Mo. Day</td> <td></td> <td></td> </tr> </table>				Delivery Attempt	Time	Employee Signature	Mo. Day	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	2003	Delivery Attempt	Time	Employee Signature	Mo. Day	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		Delivery Date	Time	Employee Signature	Mo. Day		
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